

Video Submission Form Radon Video Contest

Гeacher
Name:
School:
Address:
Phone: Email:
Student
Name:
Phone: Email:
Age: Grade:
Title of Video:
/ideo Information
YouTube Username used for Video Submitted:
Link to YouTube Video:
How many people participated in your video:
List of ALL Participants (including non-students):
Participant 1 Information: Circle one: Student Non-Student
Name: Age:
Address:
City: Zip:
Phone: Email:

Participant 2 Info	rmation: Circle one: St	tudent Non-Student	
Full Name:		Age:	
Address:			
City:		Zip:	
Phone:	Email:		
Participant 3 Info	rmation: Circle one: St	tudent Non-Student	
Full Name:		Age:	
Address:			
City:		Zip:	
Phone:	Emai	il:	
(Repeat for each parti	cipant)		
Parent or Guardia	n of Participant (repea	t for each participant)	
Name			
Address			
Contact (phone and	1 email):		

Also, each participant/parent or guardian of minors must complete and sign the following release information:

Conference of Radiation Control Program Directors (CRCPD) PHOTOGRAPH, VIDEO AND INFORMATION RELEASE FORM

I hereby give my consent to the Conference of Radiation Control Program Directors (CRCPD) and its legal representatives, employees, agents, and assigns to:

• photograph, film, and/or videotape and then use, reproduce, and publish said images of me and/or my child/children; and/or use, reproduce, and publish images, videos and information I have provided or may be viewed in.

Use of said images and information, as may be edited by CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish on or in, but not limited to:

- <u>www.radonleaders.org</u>
- <u>www.CRCPD.org</u>
- publications authorized by the Board of Directors and/or Executive Director

I understand that the CRCPD and its legal representatives, employees, agents, and assigns cannot warranty or guarantee that, on publication of my images or text, any further dissemination of the information will be subject to CRCPD supervision or control. Accordingly, I release CRCPD, and its legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

In signing, I hereby release CRCPD and its legal representatives, employees, agents, and assigns from any and all claims whatsoever in connection with the use, reproduction, and publication of the images and information thereof.

I agree that photographs/negatives, film, or videotapes thereof made by CRCPD shall constitute the sole copyrighted property of CRCPD with full right of disposition in any manner whatsoever.

(Please print parent/guardians name)

(Please print child's name)

Parent/Guardian Signature